Revision: HCFA-PM-92-1 (MB) ATTACHMENT 2.6-A February 1992 Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement			
	A.			onditions of Eligibility
		ьa	ich indivi	dual covered under the plan:
42 CFR Part 435, Subpart G		1.		cially eligible (using the methods and standards ed in Parts B and C of this Attachment) to receive s.
42 CFR Part 435, Subpart F		2. Meets the "applicable non-financial eligibility conditions.		he "applicable non-financial eligibility conditions.
Subpart			a. For	the categorically needy:
			(i)	Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
			(ii)	For SSI-related individuals, meets the non- financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(I) of the Act			(iii)	For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(I) of the Act.
1902(m) of the Act			(iv)	For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

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TN No. MS-91-24

State of Nebraska

TN No. MS-97-11

Citation(s)		Condition or Requirement
	b.	For the medically needy, meets the non-financial eligibility Conditions of 42 CFR Part 435.
1905(p) of the Act	C.	For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(I) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d.	For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, Meets the non-financial criteria of section 1905(a).
1905(p)(3)(A)(ii) of the Act	e.	For financially eligible specified low income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, meets the non-financial criteria under 1905(p)(3)(A)(ii) of the Act.
42 CR 435.406	3. Is resi	iding in the United States and
	a.	. Is a citizen or national of the United States;
	b.	Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended;
	c.	Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;
	d.	Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;
TN No. <u>NE-10-13</u>		
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e. Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended.

X State covers all authorized QAs.State does not cover authorized QAs.

- f. State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States; including the following:
- A qualified alien as defined in section 431 of PRWORA (8 U.S.C. §1641);
- (2) An alien in nonimmigrant status who has not violated the terms of the status under which he or she was admitted or to which he or she has changed after admission;
- (3) An alien who has been paroled into the United States pursuant to section 212(d)(5) of the Immigration and Nationality Act (INA) (8 U.S.C. §1182(d)(5)) for less than 1 year, except for an alien paroled for prosecution, for deferred inspection or pending removal proceedings;
- (4) An alien who belongs to one of the following classes:
 - (i) Aliens currently in temporary resident status pursuant to section 210 or 245A of the INA (8 U.S.C. §§1160 or 1255a, respectively):
 - (ii) Aliens currently under Temporary Protected Status (TPS) pursuant to section 244 of the INA (8 U.S.C. § 1254a), and pending applicants for TPS who have been granted employment authorization;
 - (iii) Aliens who have been granted employment authorization under 8 CFR 274a.12(c)(9), (10), (16), (18), (20), (22), or (24);

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Condition or Requirement

- (iv) Family Unity beneficiaries pursuant to section
 - (v) Aliens currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President;

301 of Pub. L. 101-649, as amended:

- (vi) Aliens currently in deferred action status; or
- (vii) Aliens whose visa petition has been approved and who have a pending application for adjustment of status;
- (5) A pending applicant for asylum under section 208(a) of the INA (8 U.S.C. § 1158) or for withholding of removal under section 241(b)(3) of the NA (8 U.S.C. § 1231) or under the Convention Against Torture who has been granted employment authorization, and such an applicant under the age of 14 who has had an application pending for at least 180 days;
- (6) An alien who has been granted withholding of removal under the Convention Against Torture;
- (7) A child who has a pending application for Special Immigrant Juvenile status as described in section 101(a)(27)(J) of the INA (8 U.S.C. § 1101(a)(27)(J));
- (8) An alien who is lawfully present in the Commonwealth of the Northern Mariana Islands under 48 U.S.C. § 1806(e); or
- (9) An alien who is lawfully present in American Samoa under the immigration laws of American Samoa.

<u>X</u>	Elected for pregnant women.	
X	Elected for children under age	<u> 19</u>

TN No. <u>NE-10-13</u>

Supersedes Approval Date <u>SEP 21 2010</u> Effective Date <u>JUL 01 2010</u>

TN No. MS-92-1 HCFA ID: 7985E

Revision: HCFA-PM-91-4 August 1991	4 (BPD)	ATTACHMENT 2.6-A Page 3a1 OMB No.: 0938 -
State of Nebraska		
Citation(s)	Condition or Red	quirement
	individual whom CHIPRA section of the individual' the time of the e individual contin United States. T this status using initial application information read individual to provevidence to veriful the same manner.	provides assurance that for an it enrolls in Medicaid under the 214 option, it has verified, at the time initial eligibility determination and at ligibility redetermination, that the ues to be lawfully residing in the he State must first attempt to verify information provided at the time of in. If the State cannot do so from the lily available, it must require the vide documentation or further fy satisfactory immigration status in er as it would for anyone else claiming igration status under section 1137(d)
42 CFR 435.403 1902(b) of the Act		regardless of whether or not the he residence permanently or maintains
	State has intersta following States:	te residency agreement with the
	State has open a	greement(s).
	☐ Not applicable; no	residency requirement.

TN No. <u>NE-10-13</u>

Supersedes Approval Date SEP 21 2010 Effective Date <u>JUL 01 2010</u>

TN No. MS-91-29 HCFA ID: 7985E

August 1991

(BPD)

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State of Nebraska

Citation(s)			Condition or Requirement
435.1008	5.	a.	Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities and intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act		b.	Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.
			 □ Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
433.145 435.604 1912 of the Act	6.	Is required, as a condition of eligibility, to assign rights to medical support and to payments for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met.	
		the supper income control of the supper incom	applicant or recipient must also cooperate in establishing a paternity of any eligible child and in obtaining medical oport and payments for himself or herself and any other rson who is eligible for Medicaid and on whose behalf the lividual can make an assignment; except that individuals scribed in §1902(I)(1)(A) of the Social Security Act egnant women and women in the post-partum period) are empt from these requirements involving paternity and taining support. Any individual may be exempt from the operation requirements by demonstrating good cause for using to cooperate.

TN No. <u>NE 10-13</u>

Supersedes Approval Date <u>SEP 21 2010</u> Effective Date ___JUL 01 2010__

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State of Nebraska

Citation(s)

Condition or Requirement

(6. continued)

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

Assignment of rights is automatic because of State law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number); except for aliens seeking medical assistance for the treatment of an emergency medical condition under Section 1903(v)(2) of the Act.

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Supersedes Approval Date <u>SEP 21 2010</u> Effective Date <u>JUL 01 2010</u>

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Citation(s)	Condition or Requirement
1902(c)(2) the	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman; to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)
	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

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State: Nebraska

Citation	Condition or Requirement				
В.	Posteligibility Treatment of Institutionalized Individuals' Incomes 1. The following items are not considered in the				
		posteligibility process:			
1902(o) of the Act	a.	SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.			
Bondi v. Sullivan (SSI)	b.	Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.			
1902(r)(1) of the Act	C.	German Reparations Payments (reparation payments made by the Federal Republic of Germany).			
105/206 of P. L. 100-383	d.	Japanese and Aleutian Restitution Payments.			
1. (a) of P.L. 103-286	e.	Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II			
10405 of P.L. 101-239	f.	Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent orange product liability litigation, M.D.L. No.381 (E.D.N.Y.)			
6(h)(2) of P.L. 101-426	g.	Radiation Exposure Compensation.			
12005 of P. L. 103-66	h.	VA pensions limited to \$90 per month under 38 U.S.C. 5503.			

TN No. <u>NE 10-16</u> Supersedes

TN No. MS 99-07

Approval Date NOV 23 2010 Effective Date JUL 01 2010

Revision: CMS-PM-02-1 ATTACHMENT 2.6-A

May 2002

State: Nebraska

OMB No.:0938-0673

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Citation

Condition or Requirement

1924 of the Act 435.725

435.733

435.832

 The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.

a. Aged, blind, disabled:Individuals \$ 50Couples \$ 100

For the following persons with greater need:

- Individuals with a guardian or conservator
- Individuals in an ICF-MR (ICF-ID) who participate in a sheltered workshop

Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC related:

Children \$ 50

Adults \$50

For the following persons with greater need:

- Individuals with a guardian or conservator
- Individuals in an ICF-MR (ICF-ID) who participate in a sheltered workshop

Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2-A.</u>
 \$ 50

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Citation

Condition or Requirement

For the following persons with greater need:

- Individuals with a guardian or conservator
- Individuals in an ICF-MR (ICF-ID) who participate in a sheltered workshop

Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

- 3. In addition to the amounts under item 2, the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
 - a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in § 1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.
 - X The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.
 The poverty level component is calculated using a percentage greater than the applicable percentage, equal to ____%, of the official poverty level (still subject to maximum
 - The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

maintenance needs standard).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

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ATTACHMENT 2.6-A

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OMB No.:0938-0673

State: Nebraska

Citation Condition or Requirement In determining any excess shelter allowance, utility expenses are calculated using: X the standard utility allowance under §5(e) of the Food Stamp Act of 1977 or the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges. b. The monthly income allowance for other dependent family members living with the community spouse is: one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B)) exceeds the dependent family member's monthly income. a greater amount calculated as follows: The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1): c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party: (i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments. (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)

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State: <u>Nebraska</u> ATTACHMENT 2.6-A Page 5 OMB No.:0938-0673

4. In addition to any amounts deductible under the items
4. In addition to any amounts deductible under the items
above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple.
a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:
AFDC level orMedically needy level:
(Check one) AFDC level sin Supplement 1 Medically needy level in Supplement 1 Other: \$
b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:
 (i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments. (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)
 At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:
A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period: No Yes (the applicable amount is shown on page 5a.)

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ATTACHMENT 2.6-A

Page 5a

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State: Nebraska

Citation	Condition or Requirement		
	Amount for maintenance of home is: \$		
	X Amount for maintenance of home is the actual maintenance costs not to exceed \$281.		
	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individual's home and the community spouse's home are different.		
	X Amount for maintenance of home is not deductible when countable income is determined under §1924(d)(1) of the Act.		

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

42 CFR 435.711 435.721, 435.831

C. Financial Eligibility

For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.

For individuals who are not AFDC or SSI recipients in a nonsection 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.

Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.

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ATTACHMENT 2.6-A

Page 6a

OMB No.: 0938 -

State	of	Nebraska

Citation(s)	Condition or Requirement			
	Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.			
	Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.			
	Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.			
	Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.			
	Supplement 8a to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.			
	Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.			

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TN No. (new page)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r)(2) of the Act	 1. Methods of Determining Income a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children) (1) In determining countable income for AFDC-related individuals, the following methods are used: \(\sum \) (a) The methods under the approved AFDC
	plan only; or (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to Attachment 2.6-A.
	(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) the Act	(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)		Condition or Requirement
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act	b.	Aged individuals. In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods used:
		☐ The methods of the SSI program only.
		∑ The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

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Supersedes Approval Date Apr 8 1992 Effective Date Jan 1 1992

TN No. (new pages)

August 1991

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Citation(s)	Condition or Requirement
	For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> ; and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
	For institutional couples, the methods specified under section 1611(e)(5) of the Act.
	For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to Attachment 2.6-A.
	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements
	SSI methods only.
	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to Attachment 2.6-A</u> .
	Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to Attachment 2.6-A</u> .
	In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

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TN No. (new page)

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State of Nebraska

Citation(s)		Con	dition or Requirement
42 CFR 435.721 and 435.831 1902(m)(1) (B),	C.	_	d individuals. In determining countable income for dindividuals, the following methods are used:
(m) (4), and 1902(r) (2). of			The methods of the SSI program only.
the Act			SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A
			For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> , and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
		\boxtimes	For institutional couples, the methods specified under section 1611(e)(5) of the Act.
			For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT</u> 2.6-A.
			For optional .State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements
			SSI methods only.
			SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.
			Methods more restrictive and/ or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

TN No. MS-91-24

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August 1991

(BPD)

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Citation(s)		Con	ndition or Requirement
		cons hou pare	etermining relative responsibility, the agency siders only the income of spouses living in the same sehold as available to spouses and the income of ents as available to children living with parents until children become 21.
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of	d.	disa up t	abled individuals. In determining countable income of abled individuals, including individuals with incomes of the Federal poverty level described in section 2(m) of the Act the following methods are used:
the Act			The methods of the SSI program.
			SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
		\boxtimes	For institutional couples: the methods specified under section I6I1(e)(5) of the Act.
			For optional State supplement recipients under §435.230: income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> .
			For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 8a to ATTACHMENT 2.6-A

TN No. <u>MS-91-24</u>

Supersedes Approval Date <u>Jan 20 1992</u> Effective Date <u>Nov 1 1991</u>

August 1991

(BPD)

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	State	of	Nebraska
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Citation(s)	Condition or Requirement
	□ For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements—
	SSI methods only.
	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
	Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in Supplement 8 to ATTACHMENT 2.6-A .

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

TN No. <u>MS-91-24</u>

Supersedes Approval Date Jan 20 1992

Effective Date Nov 1 1991

Revision: HCFA-PM-92-1 (MB) ATTACHMENT 2.6-A February 1992 Page 11a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)		Con	ditior	n or Requirement
1902(I)(3)(E) and 1902(r)(2) of the Act	e.	For unde	pregi er the	evel pregnant women, infants, and children. nant women and infants or children covered e provisions of sections 1902(a)(10)(A)(i)(IV), (VII), and 1902(a)(10)(A)(ii)(IX) of the Act
		(1)	The inco	following methods are used in countable me:
			\boxtimes	The methods of the State's approved AFDC plan.
				The methods of the approved title IV-E plan.
				The methods of the approved AFDC State plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>
				The methods of the approved title IV-E plan ,and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

TN No. MS- 92-3

Supersedes Approval Date Apr 8 1992

Effective Date Jan 1 1992

Revision: HCFA-PM-92-1 (MB) ATTACHMENT 2.6-A February 1992 Page 12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)		Cor	ndition or Requirement
		(2)	In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act		(3)	The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60 th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f.	cov	nlified Medicare beneficiaries. In determining ntable income for qualified Medicare beneficiaries ered under section 1902(a)(10)(E)(i) of the Act, the owing methods are used:
			The methods of the SSI program only.
			SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>
			For institutional couples, the methods specified under section 1611(e)(5) of the Act.

TN No. MS-92-3

Supersedes Approval Date Apr 8 1992

Effective Date Jan 1 1992

TN No. MS-91-24

February 1992

(MB)

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State of Nebraska

Citation(s)

Condition or Requirement

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with tile II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

g. (1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries.

In determining countable income for specified lowincome Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

TN No. <u>MS-93-4</u>

TN No. MS-92-3

Supersedes Approval Date <u>Jun 18 1993</u>

Effective Date Jan 1 1993

HCFA ID: 7985E

* U.S.G.P.O.: 1993-342-239:80032

February 1992

(MB)

ATTACHMENT 2.6-A

Page 12b OMB No.:

	State	of	Nebraska
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Citation(s)	Condition or Requirement
1902(u) of the Act	 (h) COBRA Continuation Beneficiaries In determining countable income for COBRA continuation beneficiaries, the following disregards are applied: The disregards of the SSI program;
	 The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A
	Note: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).

TN No. <u>MS-91-29</u>

Supersedes Approval Date <u>Jan 15 1992</u>

Effective Date Oct 1 1991

State/Territory: Nebraska

Citation(s)	Groups Covered		
1902(a)(10)(A) (ii)(XIII) of the Act	(i) Working Disabled Who Buy Into Medicaid In determining countable income and resources for Working Disabled individual who buy into Medicaid, the following methodologies are applied:		
	☐ The methodologies of the SSI program.		
	☐ The agency uses methodologies for the treatment of income and resources more restrictive than the SSI Program. Those more restrictive methodologies are described in Supplement 4 to Attachment 2.2-A.		
	The agency uses more liberal income and/or resources methodologies than the SSI Program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.		
	The agency requires individuals to pay premiums or other cost sharing charges. The premium or other cost sharing charges and how they are applied are described in Attachment 2.6-A page 12d.		

State/Territory: Nebraska

STATE PLAN UNDER TITLE XIS OF THE SOCIAL SECURITY ACT

ESTABLISHMENT AND APPLICATION OF A PREMIUM OR OTHER COST SHARING CHARGES

			0001 011/11(THE STRUCTED	
	Section	n 1902(f) State		Non-Section 1902(f) State	
1.		•		ives Medicaid benefits may be subject to cost sharing procedures are utilized:	
	(a)	The amount of the independent on adjust less any allowable d	ndividual's cos ed income (a isregards) in o	est share shall be based on a progressive rate any unearned income plus any earned income excess of 200 percent of the Federal Poverty cent and the maximum rate is 10 percent.	

TN No. MS-99-6 Supersedes

Approval Date Jun 6 2000

Effective Date Jun 1 1999

TN No. (new)

August 1991

(BPD)

ATTACHMENT 2.6-A

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State of Nebraska

Citation(s)

Condition or Requirement

1902(k) of the Act 1917(d) 2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship.

Effective October 1, 1993 the Medicaid agency complies with Section 1917 (d) of the Act as amended by the Omnibus Budget Reconciliation Act of 1993.

1902(a)(10) of the Act

3. Medically needy income levels (MNILs) are based on family size.

<u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, <u>Supplement 1</u> so indicates.

TN No. MS-93-16 Supersedes

TN No. <u>MS-91-24</u>

Approval Date May 10 1994

Effective Date Oct 1 1993

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A

August 1991

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State of Nebraska

Citation(s)	Condition or Requirement
42 CFR 435.732, 435.831	 Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only
	a. Medically Needy
	(1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for period of 6 months to determine the amount of excess countable income applicable to the cost of medical care and services.
	(2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
	(a) Health insurance premiums, deductibles and coinsurance charges.
	(b) Expenses for necessary medical and remedial care not included in the plan.
	(c) Expenses for necessary medical and remedial care included in the plan.
	Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.
	See page 14a 14b (per MS-91-29) NS
1902(a)(17) of the Act	Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. MS-91-24

Supersedes TN No. (new page)

Approval Date Jan 20 1992

Effective Date Nov 1 1991

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB) ATTACHMENT 2.6-A Page 14a OMB No.

State of Nebraska

Citation(s)	Cond	lition or Requirement
	a.	Medically Needy (Continued)
1903(f)(2) of the Act		(3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

TN No. MS-91-29 Supersedes

TN No. (new page)

Approval Date Jan 12 1992

Effective Date Oct 1 1991

HCFA ID: 7985E/

Revision: HCFA-PM-87-4 (BERC) ATTACHMENT 2.6-A

March 1987

Page 14a 14b (per MS-91-29) NS

OMB No.: 0938-0193

State of Nebraska

Citation(s)

Condition or Requirement

Under (2)(b) above, the difference between the State Supplemental payment level for board and room and the State Supplemental payment level (consolidated standard of need) for the alternate care facilities specified below is an allowable excess income obligation when that amount is being applied towards necessary medical and remedial services. The necessity for medical and remedial services is recognized in the following types of alternate care facilities:

Licensed Domiciliary Facility

Certified Adult Family Home

Licensed Residential Care Facility

Licensed Group Home for the Mentally Retarded

Licensed Center for the Developmentally Disabled

Subsistence to obtain medical care: a limit of \$12 per day for meals is allowed for the client, and the same for an attendant if one is necessary.

TN No. MS-91-24 Supersedes

TN No. MS-87-11

Approval Date Jan 20 1992

Effective Date Nov 1 1991 HCFA ID: 1038P / 0015P

August 1991

(BPD)

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State of Nebraska

Citation(s)

Condition or Requirement

42 CFR 435.732 b. Categorically Needy - Section 1902 (f) States

The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- (1) Any SSI benefit received.
- (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- (3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- (4) Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4.
- (5) Incurred expenses for necessary medical and remedial services recognized under State law.

1902(a)(17) of the Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. MS-91-24

Supersedes
TN No. (new page)

Approval Date Jan 20 1992

Effective Date Nov 1 1991

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB) ATTACHMENT 2.6-A October 1991 Page 15a OMB No.:

State of Nebraska

Citation(s)	Condition or Requirement	
	4.b. Categorically Needy - Section 1902(f) States Continued	
1903(f)(2) of the Act	(6) Spenddown payments made to the State by the individual.	
	NOTE: FFP will be reduced to the extent State is paid spenddown payment by the individual.	

TN No. MS-91-29 Supersedes

TN No. (new page)

Approval Date Jan 15 1992

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HCFA ID: 7985E/

August 1991

(BPD)

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State of Nebraska

Citation(s)

Condition or Requirement

- 5. Methods for Determining Resources
 - a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children)</u>.
 - (1) In determining countable resources for AFDC-related individuals, the following methods are used:
 - (a) The methods under the State's approved AFDC plan; and
 - (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A
 - (2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. MS-91-24

Supersedes
TN No. (new page)

Approval Date Jan 20 1992

Effective Date Nov 1 1991 HCFA ID: 7985E

Revision:	HCFA-PM-91-4 August 1991	(BPD	O) ATTACHMENT 2.6-A Page 16a OMB No.: 0938-
State of N	lebraska		
Citation(s)		Со	ondition or Requirement
1902(a)(10 1902(a)(10 1902(m)(1 and (C), a 1902(r) of	0)(C),)(B) nd		Methods for Determining Resources . Aged individuals. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency used the following methods for treatment of resources: The methods of the SS1 program. SSI methods and/or anymore liberal methods described in Supplement 8b to ATTACHMENT 2.6-A Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the
			SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

TN No. MS-91-24

Supersedes

TN No. (new page)

Approval Date Jan 20 1992

Effective Date Nov 1 1991

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A

August 1991

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State of Nebraska

Citation(s)	Condition or Requirement
	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and 1902(r) of the	c. <u>Blind individuals</u> . For blind individuals the agency uses the following methods for treatment of resources:
Act	☐ The methods of the SSI program.
	SSI methods and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2.6-A</u> .
	Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods.
	In determining relative financial responsibility, the

become 21.

TN No. <u>MS-91-24</u>

Supersedes
TN No. (new page)

Approval Date <u>Jan 20 1992</u>

Effective Date Nov 1 1991

agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children

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State of Nebraska

Citation(s)	Con	dition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and (C), and 1902(r)(2) of the Act	d.	Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act. The agency uses the following methods for the treatment of resources: ☐ The methods of the SSI program. ☐ SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
		Methods that are more restrictive (except for individuals described In section 1902(m)(1) of the Act) and/or more liberal that those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A .
		In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(I)(3) and 1902(r)(2) of the Act	e.	Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.
		The agency uses the following methods in the treatment of resources.
		☐ The methods of the SSI program only.
		☐ The methods of the SSI program and/or any more liberal methods described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.

TN No. <u>MS-91-24</u>

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State of Mediaska	State	of	Nebraska
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Citation(s)	Con	dition or Requirement
		Methods that are more liberal than those of SSI. The more liberal methods are specified in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.
		Not applicable. The agency does not consider resources in determining eligibility.
		In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(I)(3) and 1902(r)(2) of	f.	Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act.
the Act		The agency uses the following methods for the treatment of resources:
		☐ The methods of the State's approved AFDC plan.
1902(I)(3)(C) of the Act		Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(I)(3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A.
1902(r)(2) of the Act		Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8b to ATTACHMENT 2.6-A.
		Not applicable. The agency does not consider resources in determining eligibility.

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Supersedes

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(I)(3) and 1902(r)(2) of the Act	g. 1. Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act.
	The agency uses the following methods for the treatment of resource:
	The methods of the State's approved AFDC plan.
1902(1)(3)(C) of the Act	Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(I)(3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A.
4000(-)(0)	☐ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8b</u> to ATTACHMENT 2.6-A.
1902(r)(2) of the Act	Not applicable. The agency does not consider resources in determining eligibility.
	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. <u>MS-92-3</u>

Supersedes

TN No. MS-91-24

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Page 19b

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(I)(3) and 1902(r)(2) of the Act	g. 2. Poverty level children under section 1902(a)(10)(A)(i)(VII) The agency uses the following methods for the treatment of resources:
	The methods of the State's approved AFDC plan.
1902(1)(3)(C) of the Act	Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as specified in <u>Supplement 5a</u> <u>of ATTACHMENT 2.6-A</u> .
1902(r)(2)	Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8a</u> to <u>ATTACHMENT 2.6-A</u> .
of the Act	Not applicable. The agency does not consider resources in determining eligibility.
	In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. MS-92-3

Supersedes Approval Date Apr 8 1992

Effective Date Jan 1 1992

TN No. (new page)

Revision:	HCFA-PM-92-8 October 1991	(BP	D)	ATTACHMENT 2.6-A Page 20 OMB No.:
State of N	<u>lebraska</u>			
Citation(s)		C	ond	ition or Requirement
1905(p)(1) (C) and (D 1902(r)(2) the Act) and	5.	h.	For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act the agency uses the following methods for treatment of resources:
				☐ The methods of the SSI program and/or more liberal methods as described in <u>Supplement</u> 8b to ATTACHMENT 2.6-A.
1905(s) of Act	the		i.	For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902(u) of Act	the		j.	For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:
				☐ The methods of the SSI program only.
				☐ More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.

TN No. MS-91-29 Supersedes

TN No. MS-91-24

Approval Date <u>Jan 15 1991</u>

Effective Date Oct 1 1991

Revision: HCFA-PM-93-5 (MB) ATTACHMENT 2.6-A Page 20a

State of Nebraska

Citation(s)	Condition or Requirement
1902(a)(10)(E)(iii) of the Act	k. <u>Specified low-income Medicare beneficiaries</u> covered under section 1902(a)(10)(E)(iii) of the Act
	The agency uses the same method as in 5.h. of <u>Attachment 2.6-A</u> .
	6. Resource Standard - Categorically Needy
	 a. 1902(f) States (except as specified under items 6.c. and d. below).for aged, blind and disabled-individuals:
	☐ Same as SSI resource standards.
	☐ More restrictive.
	The resource standards for other individuals are the same as those in the related cash assistance program.
	 Non-1902(f) States (except as specified under items 6.c. and d. below)
	The resource standards are the same as those in the related cash assistance program.
	Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

TN No. MS-93-11 Supersedes

TN No. <u>MS-91-29</u>

Approval Date Jul 12 1993

Effective Date Apr 1 1993 HCFA ID: 7985E Revision: HCFA-PM-92-1 (MB) ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement	
1902(I)(3)(A) (B) and (C) of the Act	c. For pregnant women and infants covere the provisions of section 1902(a)(10)(A) 1902(a)(10)(A)(ii)(IX) of the Act, the age applies resource standard.	(i)(IV) and
	Yes. <u>Supplement 2 to ATTACHMEN</u> specifies the standard which, for pre women, is no more restrictive than the under the SSI program; and for infarmore restrictive than the standard ap State's approved plan.	egnant he standard nts is no
	No. The agency does not apply reso standard to these individuals.	ource
1902(I)(3)(A) and (C) of the Act	d. For children covered under the provision section 1902(a)(10)(A)(i)(VI) of the Act, applies a resource standard.	
	Yes. <u>Supplement 2 to ATTACHMEN</u> specifies the standard which is no m restrictive than the standard applied state's approved AFDC plan.	nore
	No. The agency does not apply a restandard to these individuals.	source

TN No. <u>MS-92-3</u>

Supersedes TN No. <u>MS-91-24</u> Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A

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State of Neoraska	State	of	Nebrask	a
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Citation(s)	Condition or Requirement
1902(m)(1)(C) and (m)(2)(B) of the Act	e. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is:
	☐ Same as SSI resource standards.
	Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).
	Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.

TN No. <u>MS-91-24</u>

Supersedes
TN No. (new page)

Approval Date <u>Jan 20 1992</u>

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May 1993

State of Nebraska

Citation(s) Condition or Requirement 7. Resource Standard - Medically Needy a. Resource standards are based on family size. 1902(a)(10)(C)(i) of the Act b. A single standard is employed in determining resource eligibility for all groups. c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for -☐ Aged Blind ☐ Disabled Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 so indicates. Resource Standard - Qualified Medicare Beneficiaries 1905(p) (1) (D) 8. and (p) (2) (B) Specified Low-Income Medicare Beneficiaries, and Qualifying Individuals of the Act For qualified Medicare beneficiaries covered under Section 1902(a)(10)(E)(i) of the Act, specified low-income Medicare beneficiaries covered under Section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under Section 1902(a)(10)(E)(iv) of the Act, the resource standard is equal to the amount defined under Section 1905(p)(1)(C) of the Act. 1905(s) of the 9. Resource Standard-Qualified Disabled and Working Individuals Act For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.

TN No. <u>10-07</u> Supersedes TN No. MS-93-11

Approval Date Jun 15 2010

Effective Date Jan 01 2010

Revision: HCFA-PM-91-8 (MB) ATTACHMENT 2.6-A October 1991 Page 22a

State of Nebraska

Citation(s)	Cond	dition or Requirement
1902(u) of the Act	9. 1	For COBRA continuation beneficiaries, the resource standard is:
		Twice the SSI resource standard for an individual.
		More restrictive standard for as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

TN No. <u>MS-91-29</u>

Supersedes
TN No. (new page)

Approval Date <u>Jan 15 1992</u>

Effective Date Oct 1 1991

Revision: State of N	HCFA-PM-93-5 May 1993 lebraska	(MB)	ATTACHMENT 2.6-A Page 23
Citation(s)		Co	andition or Requirement
1902(u) (of the Act	b	Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries Any excess resources make the individual ineligible. Categorically Needy Only This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources. Medically Needy Any excess resources make the individual ineligible.

TN No. MS-93-11 Supersedes

TN No. MS-91-24

Revision:	HCFA-PM-91-4 August 1991	(BPD)	ATTACHMENT 2.6-A Page 24 OMB No.: 0938-
State of N	lebraska		
Citation(s)		Conditio	n or Requirement
42 CFR 435.914		11. Effectiv	re Date of Eligibility
100.014		a. Gro	oups Other Than Qualified Medicare Beneficiaries
		(1)	For the prospective period.
			coverage Is available for the full month if the following individuals are eligible at any time during the month.
			
			Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.
			Aged, blind, disabled. AFDC-related.
		(2)	For the retroactive period.
			Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:
			Aged, blind, disabled. AFDC-related.
			Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied
			Aged, blind, disabled.AFDC-related.

TN No. MS-91-24

Supersedes Approval Date <u>Jan 20 1992</u>

Effective Date Nov 1 1991

Revision: HCFA-PM-92-1 (MB) ATTACHMENT 2.6-A

August 1991 Page 25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1920(b)(1) of the Act	
	Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
1902(e)(8) and 1905(a) of the Act	b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for
	☐ 6 months
	months (no less than 6 months and nor more than 12 months)

TN No. <u>MS-92-3</u>

Supersedes TN No. <u>MS-91-24</u> Revision: HCFA-PM-95-1 (MB) ATTACHMENT 2.6-A March 1995 Page 26 State of Nebraska Citation(s) Condition or Requirement 12. Pre-OBRA 93 Transfer of Resources -1902(a)(18) and 1902(f) of Categorically and Medically Needy, Qualified the Act Medicare Beneficiaries, and Qualified Disabled and Working Individuals The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources. Disposal of resources at less than fair market value affects eligibility for certain services as detailed in Supplement 9 to Attachment 2.6-A.

1917(c)

13. Transfer of Assets - All eligibility groups

The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.

Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9(a) to ATTACHMENT 2.6-A</u>, except in instances where the agency determines that the transfer rules would work an undue hardship.

1917(d)

14. Treatment of Trusts - All eligibility groups

The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.

The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts:

The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of Miller trusts.

The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplement 10 to ATTACHMENT 2.6-A.

TN No. MS-95-3 Supersedes

TN No. MS-93-16

Revision: CMS-PM-02-1 ATTACHMENT 2.6-A

May 2002

OMB No.:0938-0673

Page 26a

State: Nebraska

Condition or Requirement Citation 1924 of the Act 15. The agency complies with the provisions of § 1924 with respect to income and resource eligibility and post eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community. When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is: the maximum standard permitted by law; _X_ the minimum standard permitted by law; or \$____ a standard that is an amount between the minimum and the maximum.

TN No. <u>NE 10-16</u> Supersedes TN No. MS 99-4 Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

August 1991

Page 1 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

Family Size	Need Standard	Payment Standard	Maximum Payment <u>Amounts</u>
1	222	222	222
2	293	293	293
3	364	364	364
4	435	435	435
5	506	506	506
6	577	577	577
7	648	648	648
8	719	719	719
9	790	790	790
10	861	861	861

2. For pregnant women and infants under Section 1902(a)(10)(i)(IV) of the Act (women during pregnancy and infants under one year of age) the income eligibility level is 150 percent of the Federal Poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. MS-95-10

Supersedes Approval Date <u>Dec 14 1995</u> Effective Date <u>Jul 1 1995</u>

TN No. MS-93-5

Revision: HCFA-PM-92-1 (MB) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

February 1992 Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

- 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
- 4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. MS-92-3

Supersedes Approval Date Apr 8 1992

Effective Date Jan 1 1992

TN No. MS-91-24

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

August 1991 Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(10)(A)(ii)(IX) and 1902(l)(2) of the Act are as follows:

Based on <u>150</u> percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent) for the size of the family involved.

<u>vel</u>

TN No. <u>NE 10-02</u> Supersedes

TN No. MS-91-24

Approval Date May 4 2010

Effective Date Jan 2 2010

"Substitute per letter dated 6/14/93"

Revision: HCFA-PM-92-1 (MB) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

(Reserved)

TN No. <u>MS-93-5</u>

Supersedes Approval Date <u>Jun 24 1993</u>

Effective Date Jan 1 1993

TN No. (MS-91-24)

"Substitute per letter dated 6/14/93"

Revision: HCFA-PM-92-1 (MB) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

February 1992 Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled individuals

For aged and disabled individuals described in Section 1902(m)(1) of the Act, the income edibility level is 100 percent of the Federal Poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. MS-93-5

Supersedes

TN No. (MS-92-7)

Approval Date Jun 24 1993

Effective Date Jan 1 1993

"Substitute per letter dated 6/14/93"

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

- 1. NON-SECTION 1902(f) STATES
 - a. Based on the following percent of the official Federal income poverty level:

Eff. Jan 1, 1992:

100 percent

b. Levels

For Qualified Medicare Beneficiaries described in 1905(p)(1) of the Act, the income eligibility level is 100 percent of the Federal Poverty Level (as revised annually in the Federal Register) for the size family involved.

TN No. MS-93-5

TN No. MS-91-24

Supersedes Approval Date Jun 24 1993

Effective Date <u>Jan 1 1993</u> HCFA ID: 7985E Revision: HCFA-PM-91- (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

INCOME ELIGIBILITY LEVELS (Continued)

- C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL
- 2. <u>SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1987 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI</u>
- a. Based on the following percent of the official Federal income poverty level:

Eff. Jan 1, 1989: ∐	80 percent	percent (no m	nore than	100)
Eff. Jan 1, 1990:	85 percent	percent (no m	nore than	100)
Eff. Jan 1, 1991:	90 percent	percent (no m	nore than	100)
Eff. Jan 1, 1992:	100 percent			

b. Levels:

Family Size	Income Levels
1	\$
<u>2</u>	\$

TN No. MS-92-1

TN No. MS-91-24

Supersedes Approval Date Apr 10 1992

HCFA ID: 7985E

Effective Date Nov 1 1991

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY				
⊠ Applicabl	e to all groups.	S ir	applicable to all gropecified below. Exc ncome levels are al ttached page 3.	cepted group
(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for 6 months urban only urban & rural	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ¹
1	\$ 2,352	\$	\$	\$
2	\$ 2,352	\$	\$	\$
3	\$ 2,952	\$	\$	\$
4	\$ 3,504	\$	\$	\$
For each additional person add:	\$ 546	\$	\$	\$

TN No. MS-91-24

Supersedes Approval Date <u>Jan 20 1992</u>

Effective Date Nov 1 1991

HCFA ID: 7985E

TN No. (new page)

The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for 6 months urban only urban & rural	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ¹
5	\$ 4,050	\$	\$	\$
6	\$ 4,650	\$	\$	\$
7	\$ 5,202	\$	\$	\$
8	\$ 5,802	\$	\$	\$
9	\$ 6,354	\$	\$	\$
10	\$ 6,900	\$	\$	\$
For each additional person	0.540	Φ.	Φ.	•
add:	\$ 546	\$	\$	\$

The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. MS-91-24

Supersedes Approval Date <u>Jan 20 1992</u> Effective Date <u>Nov 1 1991</u>

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A

August 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

RESOURCE LEVELS

- A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL
 - 1. Pregnant Women

a.	<u>Mar</u>	andatory Groups	
		Same as SSI resources	levels
		Less restrictive than SS	I resource levels and is as follows:
		Family Size 1 2	Resource Level
b.	<u>Opti</u>	onal Groups	
		Same as SSI resources	levels
		Less restrictive than SS	I resource levels and is as follows:
		Family Size	Resource Level

TN No. MS-91-24

TN No. (new page)

Supersedes Approval Date <u>Jan 20 1992</u>

Effective Date Nov 1 1991

(BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A Revision: HCFA-PM-91-4

August 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

2.	Infants	

a.	Maı	ndatory Group of Infants		
		Same as resource levels in the State's approved AFDC plan.		
		Less restrictive than the AFDC levels and are as follows.		
		Family Size	Resource Level	
		<u> </u>		
		3		
		<u>4</u> 5		
		6		
		<u>7</u>		
		9		
		10		

TN No. MS-91-24

Supersedes

TN No. (new page)

Approval Date <u>Jan 20 1992</u>

Effective Date Nov 1 1991

(BPD) Revision: HCFA-PM-91-4 SUPPLEMENT 2 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

а.	Optional Group of Infai	Optional Group of Infants		
	☐ Same as resource	Same as resource levels in the State's approved AFDC plan.		
	Less restrictive that	an the AFDC levels and are as follows.		
	Family Size	Resource Level		
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			

TN No. MS-91-24

Supersedes

TN No. (new page)

Approval Date <u>Jan 20 1992</u>

Effective Date Nov 1 1991

Revision: HCFA-PM-92-1 (MB) SUPPLEMENT 2 TO ATTACHMENT 2.6-A

February 1992 Page 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

2	Ch:	اطعمم
ა.	CIII	ldren

a.	landatory Group of Children under Section 1902(a)(10)(i)(VI) of the Act. Children who have attained age 1 but have not attained age 6)		
	Same as resource levels in the State's approved AFDC plan.		
	Less restrictive than the AFDC levels and are as follows.		
	Family Size	Resource Level	
	1 2		
	<u>3</u> 4		
	<u>5</u>		
	7		
	8 9		
	10		

TN No. <u>MS-92-3</u>

Supersedes TN No. <u>MS-91-24</u> Revision: HCFA-PM-92-2 (MB) SUPPLEMENT 2 TO ATTACHMENT 2.6-A

March 1992 Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

b.	 Mandatory Group of Children under Section 1902(a)(10)(i)(VII) of the Act. (Children born after September 30, 1983 who have attained age 6 but have not attained age 19) 				
		Same as res	as resource levels in the State's approved AFDC plan.		
		Less restrict	ictive than the AFDC levels and are as follows.		
		Family Size		Resource Level	
		1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			

TN No. MS-92-19

TN No. MS-91-24

Supersedes

Approval Date Jan 14 1993

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August 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	Ωf	Nebraska
State	OΙ	INCUIASNA

e oi	INEDI	<u>aska</u>	
3.	Aged and Disabled Individuals		
	☐ Same as SSI resource levels.		
		More restrictive than SSI levels and are as follows.	
		Family Size Resource Level 1	
	\boxtimes	Same as medically needy resource levels (applicable only if State has a medically needy program.	

TN No. MS-91-24

Supersedes Approval Date <u>Jan 20 1992</u> Effective Date <u>Nov 1 1991</u>

Transmittal No. (new page)

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A

August 1991 Page 7

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

B. MEDICALLY NEEDY

Applicable to all groups-

Except those specified below under the provisions of section 1902(f) of the

Family Size	Resource Level
1	\$4,000
2	6,000
3	6,025
4	6,050
5	6,075
6	6,100
7	6,125
8	6,150
9	6,175
10	6,200
For each additional person	25

TN No. MS- 91-24

Supersedes Approval Date Jan 20 1992

Effective Date Nov 1 1991 TN No. (new page) HCFA ID: 7985E

Revision: HCFA-PM-85-3 (BERC) SUPPLEMENT 3 TO ATTACHMENT 2.6-A

May 1985 Page 1

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

NOT APPLICABLE

11/08 decision by CMS & DHHS to leave this page in State Plan

TN No. MS- 85-9

Supersedes TN No. (new) Approval Date Mar 6 1986

Effective Date Apr 1 1985 HCFA ID: 4093E / 0002P Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 4 TO ATTACHMENT 2.6-A

August 1991 Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

N/A

TN No. MS- 91-24

Supersedes Approval Date <u>Jan 20 1992</u> Effective Date <u>Nov 1 1991</u>

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 5 TO ATTACHMENT 2.6-A

August 1991 Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

MORE RESTRICTIVE METHODS OF TREATING RESOURCES THAN THOSE OF THE SSI PROGRAM – Section 1902(f) States only

N/A

TN No. MS- 91-24

Supersedes Approval Date <u>Jan 20 1992</u> Effective Date <u>Nov 1 1991</u>

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 5a TO ATTACHMENT 2.6-A

August 1991 Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

N/A

TN No. MS-91-24

Supersedes Approval Date <u>Jan 20 1992</u> Effective Date <u>Nov 1 1991</u>

Standards for Optional State Supplementary Payments

Standards for Optional State Supplementary Payments					
Payment Category (Reasonable Classification)	Administered By	Net Income Level		Income Disregards	
(**************************************	Federal/State	One Person	Couple	Employed	
(1)	(2)	(3)	(4)	(5)	
Available to all aged, blind and disabled individuals with varying payment levels dependent on the following living arrangements:	State				
Own or rent a home	State	\$361 \$227*	\$583 \$291*		
Patient in a nursing home, regional center, state institution for the mentally retarded, or receiving chronic or convalescent hospital care	State	\$50	\$100		
In room and board situation (not licensed home) or boarding home (licensed or unlicensed if board and room is provided)	State	\$506	\$1012	SSI	
In certified adult family home	State	\$737	\$1,474	Standards	
In licensed assisted living facility In licensed mental health center	State	\$1,017	\$2,034		
Assisted Living Waiver	State	\$579	\$1,158		
In licensed group home for children and/or child caring agency	State	\$673	\$1,346		
In licensed centers for the developmentally disabled	State	\$576	\$1,152		

^{*} Maximum for shelter allowance

TN No. MS-04-06

Supersedes

TN No. MS-04-01

Approval Date Jan 26 2005

Effective Date Jan 1 2005

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 7 TO ATTACHMENT 2.6-A

August 1991 Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

N/A

TN No. MS-91-24

Supersedes Approval Date <u>Jan 20 1992</u> Effective Date <u>Nov 1 1991</u>

TN No. (new page) HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 8 TO ATTACHMENT 2.6-A

August 1991 Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

RESOURCE STANDARDS FOR 1902(f) STATES CATEGORICALLY NEEDY

N/A

TN No. <u>MS-91-24</u>

TN No. (new page)

Supersedes Approval Date <u>Jan 20 1992</u>

Effective Date Nov 1 1991

HCFA ID: 7985E

State: Nebraska

MORE LIBERAL METHODS OF TREATING INCOME AND RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT*

	Section 1902(f) State	\boxtimes	Non-Section 1902(f) State
1.	For the qualified pregnant women and children (1902 pregnant women and children (1902(a)(10)(A)(i)(IV), children under age 21 and caretaker relatives (1902(a under 1902(a)(10)(A)(ii)(IX) and 1902(I)(1)(A), declared less than \$10 per month are excluded as income.	(VI) a a)(10)	and (VII)), the optional groups of (A)(ii)(I)), and pregnant women
2	For the qualified pregnant women and children (1902 pregnant women and children (1902(a)(10)(A)(i)(IV), children under age 21 and caretaker relatives (1902(a under 1902(a)(10)(A)(ii)(IX) and 1902(I)(1)(A), and the (1902(a)(10)(C)(i)(III), effective November 1, 2002, di per working individual as a work-related expense decincome.	(VI) a a)(10) e med srega	and (VII), the optional groups of (A)(ii)(I)), and pregnant women dically needy ard \$100 of gross earned income
3	For Working Disabled individuals as defined in Section the following income standard applies:	on (19	002)(a)(10)(A)(ii)(XIII) of the Act,
	Disregard all earnings plus unearned income conting Social Security Trial Work Periods). In determining el eligibility determination required under Section 4733	igibili [.]	ty for SSI in the individual
4.	For pregnant women under 1902(a)(10)(A)(ii)(IX) and amount of income between 150% FPL and 185% FPL		2 (I)(1)(A) of the Act, disregard the
1 NT	No. NE 10-02		

IN No. <u>NE 10-02</u>

Supersedes Approval Date May 4 2010

Effective Date Jan 1 2010

TN No. MS-02-09

State: Nebraska

	UNDER SECTION 1902(r)(2		
	Section 1902(f) State	\boxtimes	Non-Section 1902(f) State
3.	Treatment of Excess Resources Under 1902(r)(2)) for Med	icaid Working Disabled
	For Working Disabled individuals as defined in S the following more liberal resource methodology		902(a)(10)(A)(iii)(XIII) of the Act,
	Disregard an additional \$2,000 per individual for additional \$3,000 per couple for a total of \$ additional resource disregard is to aid in achieving	6,000 pe	er couple. The purpose of this

State: Nebraska

LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

For all eligibility groups subject to 1902(r)(2) and not subject to the limitations on payment explained in 1903(f) of the Act: All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded.
For all eligibility groups subject to 1902(r)(2) and not subject to the limitations on paymen explained in 1903(f) of the Act: All otherwise countable income deposited in an IDA account authorized under Section 404 is excluded.
For all eligibility groups subject to 1902(r)(2) and not subject to the limitations on payment explained in 1903(f) of the Act: All interest earned on an IDA account funded under the Assets for Independence Act is excluded.

TN No. <u>MS-00-09</u>

Supersedes App TN No. (new page)

Approval Date Jan 30 2001

Effective Date Sept 1 2000

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 8b to ATTACHMENT 2.6-A

August 1991

Page 1 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT

☐ Section 1902(f) State ☐ Non-Section 1902(f) State

TREATMENT OF EXCESS RESOURCES UNDER 1902(r)(2)

Excess resources make the individual ineligible. Once the excess resources have been reduced to the allowable limit, eligibility may begin –

- The first day of the month in which the resources are actually reduced to or below the allowable limit if the resources were not used to pay bills incurred in a prior month. The resources may be reduced by paying any bills or by purchasing any items of need.
- 2. The first day of the month in which the most recent bill (s) for maintenance or medical was incurred which was paid to reduce the excess resources. Maintenance needs include items such as food, shelter, clothing, transportation and personal comfort items. Qualifying bills would be those incurred by the client, the client's spouse or dependent child(ren).

Example

Medicaid Bills Incurred	Application <u>Made</u>	Bills <u>Paid</u>
Jan. 1, Feb. 3, Mar. 5, Mar. 25	March	April
	Excess Resources	Below Resources

If bills from Jan. 1 and Feb.3 were used to reduce resources, eligibility would begin Feb. 1 even though the bills were not actually paid until April.

This methodology would apply to all eligibility groups except deemed cash recipients and Qualified Medicare Beneficiary's.

All of the requirements of 1917(c)(4) are met for individuals who dispose of resources for less than fair market value.

Eligibility will never begin before the third month before the month of application.

From the date of determination of eligibility for Medicaid, an applicant has 90 days in which to spend down excess resources to become retroactively eligible for Medicaid.

TN No. MS-91-24

Supersedes Approval Date <u>Jan 20 1992</u> Effective Date <u>Nov 1 1991</u>

TN No. (new page) HCFA ID: 7985E

State: Nebraska

LESS RESTRICTIVE METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT

For all eligibility groups subject to 1902(r)(2) of the Act: All funds in IDA accounts funded under the Assets for independence Act are excluded.

State: Nebraska

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2) 1917(b)(1)(C) The following more liberal methodology applies to individuals who are eligible for medical assistance under one of the following eligibility groups:

1902(a)(10)(A)(ii)(I), 1902(a)(10)(A)(ii)(X), 1902(a)(10)(C) - (Section 1905(a)(iii), Section 1905(a)(iv) & Section 1905(a)(v))

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified State long-term care insurance partnership" policy (partnership policy) as set forth below, is given a resource disregard as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on be half of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

- The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State's Insurance Department.
 - The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.
 - The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model Act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.

State: Nebraska

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

- The policy was issued no earlier than the effective date of this State plan amendment.
- The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.
- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.
- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.
- The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.
- The State Insurance Department assures that any individual who sells a
 partnership policy receives training, and demonstrates evidence of an
 understanding of such policies and how they relate to other public and
 private coverage of long-term care.
- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

State: Nebraska

In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below:

All Medicaid services provided under the Nebraska Title XIX State Plan.

1917(b)1(C)

 \boxtimes

(4)

If an individual covered under a long-term care insurance policy received benefits for which assets or resources were disregarded as provided for in Attachment 2.6-A. Supplement 8c (State Long-Term Care Insurance Partnership), the State does not seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.

TN No. <u>MS-06-07</u>

Supersedes
TN No. MS-03-01

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 1

August 1991

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

TRANSFER OF RESOURCES

- 1917(c) The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value.
 - Α. Transfer of resources of an individual who is an inpatient in a medical institution or nursing facility.
 - 1. The agency provides for a period of ineligibility in the case of an institutionalized individual who at any time during the 30 month period immediately preceding the individuals application for medical assistance, disposed of resources for less than fair market value. The period of ineligibility shall begin with the month in which the resources were transferred and the number of months will be equal to the less of 30 months, or the total uncompensated value of the transferred resources divided by the average cost to a private patient at the time of application, of nursing facility services.
 - B. Transfer of the home of an individual who is an inpatient in a medical institution or nursing facility.
 - A period of ineligibility is not imposed if the resource transferred were a home and title to the home was transferred to
 - the spouse of the individual, a.
 - a child of the individual who is under age 21, or is blind or disabled, b.
 - a sibling of such individual who has an equity interest in the home and C. who was residing in the home for a period of at least one year immediately preceding the date of the individuals admission to the medical institution or nursing facility, or

TN No. MS-91-4

Supersedes Approval Date Jan 20 1992 Effective Date Nov 1 1991

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 9 TO ATTACHMENT 2.6-A

August 1991 Page 2

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

TRANSFER OF RESOURCES

- d. a son or daughter who was residing in the home for a period of two years immediately preceding the individuals admission to the medical institution or nursing facility, and who provided care to the individual which permitted him/her to reside at home rather than in the institution or facility.
- C. A period of ineligibility for transfer of resources will not be imposed if the individual can show that s/he intended to dispose of the resource for fair market value or for other valuable consideration, the transfer was not made to qualify for assistance, or that denial of assistance would cause undue hardship

TN No. <u>MS-91-4</u>

Supersedes Approval Date <u>Jan 20 1992</u> Ef

Effective Date Nov 1 1991

March 1995 Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

TRANSFER OF ASSETS

1917(c) The agency provides for the denial of certain Medicaid services by reason of disposal of assets for less than fair market value.

 Institutionalized individuals may be denied certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency withholds payment to institutionalized individuals for the following services:

Payments based on a level of care in a nursing facility;

Payments based on a nursing facility level of care in a medical institution;

Home and community-based services LInder a 1915 waiver.

2. Non-institutionalized individuals:

The agency applies these provisions to the following noninstitutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for functionally disabled and elderly adults (section 1905(a)(22));

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

The following other long-term care services for which medical assistance is otherwise under the agency plan:

TN No. MS-95-3

Supersedes Approval Date May 11 1995

Effective Date Jan 1 1995

TN No. (New Page)

March 1995 Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

TRANSFER OF ASSETS

3.	Penalty Date The beginning date of each penalty period imposed for an uncompensated transfer of assets is:
	the first day of the month in which the asset was transferred;
	the first day of the month following the month of transfer.
4.	Penalty Period - Institutionalized Individuals In determining the penalty for an institutionalized individual, the agency uses:
	the average monthly cost to a private patient of nursing facility services in the agency;
	the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.
5.	Penalty Period-Non-institutionalized Individuals The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;
	imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

TN No. <u>MS-95-3</u>

Supersedes Approval Date May 11 1995

Effective Date Jan 1 1995

March 1995 Page 3

State: Nebraska

TRANSFER OF ASSETS

6.	<u>Pen</u>	alty period for amounts of transfer less than cost of nursing facility care
	a.	Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:
		imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate that was transferred.
	b.	Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:
		does not impose a penalty;
		imposes a series of penalties, each for less than a full month.
7.		nsfers made so that penalty periods would overlap - agency:
		totals the value of all assets transferred to produce a single penalty period;
		calculates the individual penalty periods and imposes them sequentially.
8.		nsfers made so that penalty periods would not overlap - agency:
	\boxtimes	assigns each transfer its own penalty period;
		uses the method outlined below:

TN No. <u>MS-95-3</u>

Supersedes
TN No. (new page)

Approval Date May 11 1995

Effective Date Jan 1 1995

March 1995

State: Nebraska

TRANSFER OF ASSETS

- 9. Penalty periods - transfer by a spouse that results in a penalty period for the individual -
 - The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.
 - If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.
- 10. Treatment of income as an asset -When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value. The agency will impose partial month penalty periods. When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment. For transfers of individual income payments, the agency will impose
 - partial month penalty periods.
 - For transfers of the right to an income stream, the agency will use the actuarial value of all payments transferred.
 - The agency uses an alternate method to calculate penalty periods, as described below:

TN No. MS-95-3

Supersedes Approval Date May 11 1995 Effective Date Jan 1 1995

March 1995 Page 5

State: Nebraska

TRANSFER OF ASSETS

11. Imposition of a penalty would work an undue hardship--

The agency does not apply the transfer of assets provisions in any case in which the agency determines that such an application would work an undue hardship. The agency will use the following procedures in making undue hardship determinations:

- a. The client will be sent a notice that their Medicaid case is being closed or application rejected due to a gratuitous transfer, the length of the penalty period and notification that they can claim undue hardship.
- b. The client must then file for an administrative hearing within 90 days from this notice to follow-up on their claim of undue hardship.
- c. The client and/or their representative must present their claim and supporting documentation.
- d. A decision/finding is issued within 45 days.

The following criteria will be used to determine whether the agency will not count assets transferred because the penalty would work an undue hardship:

Factors that would be considered would include but are not limited to: whether the client's health or life would be endangered; whether the application of a penalty would deprive the client or financially dependent family members of food, clothing, or shelter; whether the individual made a reasonable attempt to recover the assets.

TN No. <u>MS-95-3</u>

Supersedes Approval Date May 11 1995

Effective Date Jan 1 1995

State: Nebraska

TRANSFER OF ASSETS

1917(c) FOR TRANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR AFTER FEBRUARY 8, 2006, the agency provides for the denial of certain Medicaid services.

 Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency does not provide medical assistance coverage for institutionalized individuals for the following services:

Nursing facility services;

Nursing facility level of care provided in a medical institution;

Home and community-based services under a 1915(c) or (d) waiver.

TN No. MS-06-06 Supersedes

TN No. MS-93-16

State: Nebraska

TRANSFER OF ASSETS

2.	Non-institutionalized individuals:
	The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:
	The agency withholds payment to non-institutionalized individuals for the
	following services:
	Home health services (section 1905(a) (7));
	Home and community care for functionally disabled elderly adults (section 1905(a) (22);
	Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a) (24).
	☐ The following other long-term care services for which payment for medical assistance is otherwise made under the agency plan:

TN No. MS-06-06 Supersedes

State: Nebraska

TRANSFER OF ASSETS

3.	3. Penalty DateThe beginning date of each penalty period imposed for an uncompensated transfer of assets is the later of:			
	•	the first day of a month during or after which assets have been transferred for less than fair market value;		
		☐ The State uses the first day of .the month in which the assets were transferred		
		$\hfill \square$ The state uses the first day of the month after the month in which the assets were transferred		
		or		
	•	the date on which the individual is eligible for medical assistance under the State plan and is receiving institutional level care services described in paragraphs 1 and 2 that, were it not for the imposition of the penalty period, would be covered by Medicaid;		
		AND		
		which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.		

TN No. MS-06-06 Supersedes

State: Nebraska

TRANSFER OF ASSETS

4.		alty Period Institutionalized Individuals etermining the penalty for an institutionalized individual, the agency s:
		the average monthly cost to a private patient of nursing facility services in the State at the time of application;
		the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application.
5.	5. <u>Penalty Period - Non-institutionalized Individuals</u> The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of average monthly cost of nursing facility services;	
		imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:
6.	6. Penalty period for amounts of transfer less than cost of nursing facility of	
		Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.
		The state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single period of ineligibility, that begins on the earliest date that would otherwise apply if the transfer had been made in single lump sum.

TN No. MS-06-06 Supersedes

State: Nebraska

TRANSFER OF ASSETS

- 7. Penalty periods transfer by a spouse that results in a penalty period for the individual -
 - (a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.
 - (b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.
- 8. Treatment of a transfer of income--

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

- For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.
- For transfers of the right to an income stream, the agency will base the penalty period on the combined actuarial value of all payments transferred.

TN No. MS-06-06 Supersedes

State: Nebraska

TRANSFER OF ASSETS

9. Imposition of a penalty would work an undue hardship--

The agency does not impose a penalty for transferring assets for less than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

Application of a transfer of assets penalty would deprive the individual:

- (a) Of medical care such that the individual's health or life would be endangered; or
- (b) Of food, clothing, shelter, or other necessities of life.

10. Procedures for Undue Hardship waivers

The agency has established a process under which hardship waivers may be requested that provides for:

- (a) Notice to a recipient subject to a penalty that an undue hardship exception exists;
- (b) A timely process for determining whether an undue hardship waiver will be granted; and
- (c) A process, which is described in the notice, under which an adverse determination can be appealed.

These procedures shall permit the facility in which the institutionalized individual is residing to file an undue hardship waiver application on behalf of the individual with the consent of the individual or the individual's personal representative.

TN No. MS-06-06 Supersedes

State: Nebraska

TRANSFER OF ASSETS

11. Bed Hold Waivers For Hardship Applicants

The agency provides that while an application for an undue hardship waiver is pending in the case of an individual who is a resident of a nursing facility:

Payments to the nursing facility to hold the bed for the individual will be made for a period not to exceed <u>30</u> days (may not be greater than 30).

TN No. MS-06-06

Supersedes
TN No. (new page)

March 1995 Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship:

Criteria would include but are not limited to: whether application of the provisions would deprive the client of medical care such that his/her health or life would be endangered; whether the application of the transfer provisions would deprive a financially dependent family member of food, clothing, or shelter; whether the client or client's representative has made a reasonable effort to recover the assets.

Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is \$ 30,000.

TN No. MS-95-3 Supersedes

TN No. MS-93-16

Approval Date May 11 1995

Effective Date Jan 1 1995

March 1995

Page 1 OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

Citation(s)	Condition or Requirement
	COST EFFECTIVENESS METHODOLOGY FOR COBRA CONTINUATION BENEFICIARIES
1902(u) of the Act	Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods:
	☐ The methodology as described in SMM section 3598.
	Another cost-effective methodology as described below.

TN No. MS-91-29

Supersedes

TN No. (new page)

Approval Date Jan 15 1992

Effective Date Oct 1 1991

HCFA ID: 7985E

State: Nebraska

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The state	e covers low-income families and children under section 1931 of the Act.
The follo	wing groups were included in the AFDC State Plan effective July 16, 1996.
\boxtimes	Pregnant women with no other eligible children
	AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.
	In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, without modification.
	In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications
	The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:
	NA
	The agency applies higher income standards than those in effect as of July 16, 1996, increase by no more than the percentage increases in the CPI-U since July 16, 1996 as follows:
	NA
	The agency applies higher resource standards than those in effect as of July 16, 1996 increase by no more than the percentage increases in the CPI-U since July 16, 1996 as follows:
	NA

TN No. <u>MS-02-09</u> Supersedes TN No. <u>MS-02-06</u>

Approval Date Mar 27 2003

Effective Date Nov 1 2002

State: Nebraska

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

- The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996 as follows:
- 1. For purposes of the 185% gross income test, all income in excess of 185% of the Standard of Need will be disregarded, effective 10-1-97.
- 2. When determining resources eligibility an additional \$3,000 for a one person ADC unit and \$5,000 for two or more shall be disregarded to assist families to become self-sufficient effective 7-1-97.
- 3. When determining countable resources, the total value of one car used for employment or medical transportation will be disregarded effective 7-1-97.
- 4. When determining countable resources, the cash value of Life insurance policies will be disregarded effective 7-1-97.
- 5. When determining available income up to \$10 interest income per month, per source, per individual, will be disregarded effective 7-1-97.
- 6. When determining available income, disregard any grant, scholarship, or work study to a student of any age effective 7-1-97.
- 7. Lump sums are considered resources in the month of receipt or report and resources thereafter, with the exception of the benefit payments listed below which are disregarded for six months and counted as resources thereafter, unless it is to the client's benefit to treat these payments under the previous methodologies. The benefit payments are: Black Lung; Civil Service Pension; Disability Benefits Employer/Insurance; Retirement Pension Employment; Military Retirement; Railroad Retirement; Social Security; Veterans Pension/Compensation; and Workers Compensation.

TN No. MS-02-09

Supersedes TN No. <u>MS-02-06</u>

State: Nebraska

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

- 8. For Grandparent deeming, subtract 300% of the Federal Poverty Level for the family size before deeming income to the minor parent effective 7-1-97.
- 9. Earnings of children working are disregarding effective 7-1-97.
- 10. Effective July 1, 2003, disregard earned income as follows: the first 20% of gross earnings, child care as billed or paid up to earned income, and earned income equal to the following for the corresponding family size:

Family Size	Earned Income Disregarded
1	\$179
2	201
3	223
4	245
5	267
6	289
7	311
8	262
9	355
10	377

TN No. MS-03-08

Supersedes TN No. <u>MS-03-02</u>

State: Nebraska

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:
NA
☐ The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.
☐ The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

TN No. <u>MS-02-09</u>

Supersedes TN No. <u>MS-02-06</u>

State: Nebraska

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded from income.
All interest earned on an IDA account funded under the Assets for Independence Act is excluded from income.
All funds in IDA accounts funded under the Assets for Independence Act are excluded from resources.
All otherwise countable income deposited in an IDA account funded under Section 404 of the Social Security Act is excluded from income

TN No. <u>MS-02-09</u>

Supersedes TN No. <u>MS-02-06</u>

Family Size	Additional income disregard as a percent of FPL for family of the applicable size
1	133%
2	138%
3	140%
4	142%
5	143%
6	144%
7	145%
8	145%
9	146%
10	146%

Child care shall be disregarded from earnings.

For those families with income above 100% of FPL the State shall charge a premium that equal to 3% of the families gross income. The premium shall be administered in accordance with Section 1925(5) of the Social Security Act as in effect September 2002.

STATE: Nebraska

SECTION 1924 PROVISIONS

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924 of the Act.
- B. In the determination of resource eligibility, the State resource standard is \$15,804.
- C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

Imminent eviction from the institution.

TN No. <u>MS-97-3</u> Supersedes

TN No. MS-95-5

State: Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES QUALIFIED DISABLED AND WORKING INDIVIDUALS

The income standard for Qualified Disabled and Working Individuals (QDWI's) is 200 percent of the official federal poverty line as defined by the Executive Office of Management and Budget.

The resource standard for QDWI's is \$4,000 for an individual and \$6,000 for a married couple.

The same income disregards and resource exclusions that apply to other categorically needy groups apply to QDWI's.

A QDWI must also meet the federal non-financial eligibility requirements for medical assistance, such as the filing of an application for Medicaid, obtaining a Social Security number, citizenship, residency, and assignment of rights.

TN No. <u>MS-90-19</u>

TN No. (new page)

Supersedes

Approval Date Oct 4 1990

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State: Nebraska

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

An individual considered incompetent to handle his/her own affairs is allowed an additional \$10 per month for guardianship/conservator fees and additional amount as approved by the court for annual accounting and bonding fees.

For an individual in an ICF-MR (ICF-ID) who participates in a sheltered workshop, an additional amount up to \$65 plus one-half of the remainder of earned income may be retained.

State: NEBRASKA

DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR INDIVIDUALS WITH SUBSTANTIAL HOME EQUITY

1917(f)	The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State plan for an individua who does not have a spouse, child under 21 or adult disabled child residing the individual's home, when the individual's equity interest in the home exceeds the following amount:	
	\boxtimes	\$500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).
		An amount that exceeds \$500,000 but does not exceed \$750,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).
		The amount chosen by the State is
		This higher standard applies statewide.
		This higher standard does not apply statewide. It only applies in the following areas of the State:
		This higher standard applies to all eligibility groups.
		This higher standard only applies to the following eligibility groups:
		The State has a process under which this limitation will be waived in cases of undue hardship.

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